





REGISTRATION FORM

LOCATION: The Embassy Suites

300 Tallapoosa Street Montgomery, AL 36104 Telephone: 334-269-5055

Registration Fee:: \$50.00 - Substitutions are allowed.

Checks or Cash only (No P.O.s)

\$35.00 - Spouse or guest (meals)

ROOM RESERVATIONS ARE YOUR RESPONSIBILITY

| Please type or print clearly. | | |
|-------------------------------|--------------|-----|
| NAME & TITLE | | |
| AGENCY/DEPT. | | |
| BUSINESS ADD | | |
| CITY | _STATE | ZIP |
| SPOUSE OR GUEST NAME: | | |
| TELEPHONE # | CHECK AMOUNT | |

For more information or additional Registration Forms go to: www.usdoj.gov/usao/alm Please complete & return this form with your check, made payable to LECC Fund, to:

John Cloud (334) 223-7280 (Office)
U.S. Attorney's Office (334) 223-7560 (Fax)

U.S. Attorney's Office P.O. Box 197

Montgomery, AL 36101-0197

john.cloud@usdoj.gov

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If you would like to have your spouse/guest join you for the meals provided in your conference fee, they are welcome to do so. However, they must register and prepayment must be made.

The following is a break-down of the meal costs individually, or you may elect to pay \$35.00 for the entire meal package. This amount should be sent along with your conference registration fee prior to the conference, by April 29, 2005.

| NAME | | |
|--|----------|--|
| GUEST OF | _ | |
| Please make these additional reservations: | | |
| THURSDAY DINNER, May 5, 2005 AND BREAKFAST, FRIDAY, May 6, 2005 | \$ 35.00 | |
| TOTAL ENCLOSED | \$ 35.00 | |

Please return this form, along with your conference registration fee, <u>by APRIL 29</u>, <u>2005.</u> Participation at meals is by <u>RESERVATION ONLY</u>.